



**Billing Code: 5001-06**

**DEPARTMENT OF DEFENSE**

**Office of the Secretary**

**[Docket ID: DOD-2019-HA-0029]**

**Submission for OMB Review; Comment Request**

**AGENCY:** Office of the Assistant Secretary of Defense for Health Affairs, DoD.

**ACTION:** 30-day information collection notice.

**SUMMARY:** The Department of Defense has submitted to OMB for clearance the following proposal for collection of information under the provisions of the Paperwork Reduction Act.

**DATES:** Consideration will be given to all comments received by [INSERT DATE 30 DAYS AFTER DATE OF PUBLICATION IN THE *FEDERAL REGISTER*].

**ADDRESSES:** Comments and recommendations on the proposed information collection should be emailed to Mr. John Brammer, DoD Desk Officer, at [oir\\_submission@omb.eop.gov](mailto:oir_submission@omb.eop.gov). Please identify the proposed information collection by DoD Desk Officer, Docket ID number, and title of the information collection.

**FOR FURTHER INFORMATION CONTACT:** Angela James, 571-372-7574, or

[whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil).

**SUPPLEMENTARY INFORMATION:**

**TITLE; ASSOCIATED FORM; AND OMB NUMBER:** TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change Form; DD Form 2876; OMB Control Number 0720-0008.

**TYPE OF REQUEST:** Extension.

**NUMBER OF RESPONDENTS:** 1,520,050.

**RESPONSES PER RESPONDENT:** 2.

**ANNUAL RESPONSES:** 3,040,100.

**AVERAGE BURDEN PER RESPONSE:** 15 minutes.

**ANNUAL BURDEN HOURS:** 760,025 hours.

**NEEDS AND USES:** The information collection requirement is necessary to obtain the TRICARE beneficiary's personal information needed to: (1) Complete his/her enrollment into TRICARE Prime health plan, (2) change the beneficiary's enrollment (new Primary Care Manager, enrolled region, add/drop a dependent, etc.), or (3) disenroll the beneficiary. All TRICARE beneficiaries have the option of enrolling, changing their enrollment or dis-enrolling using the DD Form 2876, the Beneficiary Web Enrollment (BWE) portal, or by calling their regional Managed Care Support Contractor (MCSC). Although the telephonic enrollment/change is the preferred method by the large majority of beneficiaries, many beneficiaries prefer using the form to document their enrollment date and preferences.

**AFFECTED PUBLIC:** Individuals or households.

**FREQUENCY:** On occasion.

**RESPONDENT'S OBLIGATION:** Voluntary.

**OMB DESK OFFICER:** Mr. Josh Brammer.

You may also submit comments and recommendations, identified by Docket ID number and title, by the following method:

- Federal eRulemaking Portal: <http://www.regulations.gov>. Follow the instructions for submitting comments.

Instructions: All submissions received must include the agency name, Docket ID number, and title for this Federal Register document. The general policy for comments and other submissions from members of the public is to make these submissions available for public viewing on the Internet at <http://www.regulations.gov> as they are received without change, including any personal identifiers or contact information.

**DOD CLEARANCE OFFICER:** Ms. Angela James.

Requests for copies of the information collection proposal should be sent to Ms. James at [whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil).

**Dated:** May 15, 2019.

**Aaron T. Siegel,**

*Alternate OSD Federal Register*

*Liaison Officer, Department of Defense.*

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